

Dianne Springborn, President Darlene Dufault, Vice President Steven Burt, Secretary/Treasurer Larry Ashley, Member Jacquelyn Wotherspoon, Member MaryAnn Potter, Member Barbara Hunt, Member

STATE OF NEVADA BOARD OF EXAMINERS FOR

ALCOHOL, DRUG AND GAMBLING COUNSELORS 400 W. King Street, Suite 111

Carson City, NV 89703

Website: www.alcohol.state.nv.us E-mail: agawronski@adgc.nv.gov

ALLEGATION FORM

Please complete this form in order to file a complaint related to any individual licensed or certified by the BOARD OF EXAMINERS FOR ALCOHOL, DRUG And GAMBLING COUNSELORS as an alcohol and drug abuse or problem gambling counselor or intern, or to file a complaint related to an unlicensed person performing activities that require a license.

Complaint Against the Following Individual				
Today's Date				
Name of Individual				
Employers/Business,				
Clinic Name				
Address				
City, State, Zip				
Telephone				
additional sheets if necessary.) You must include the statute or regulation number that covers the accusation. Please refer to NRS 641C.700910 and NAC 641C.400450 – this information is available on the Internet at www.alcohol.state.nv.us and www.leg.state.nv.us				

Have you discussed the	his problem with the individual?	Yes No	Date
Their response? (Atta	ach additional pages if necessary)		
If you were in a progr	ram, as part of this process, did you	ı follow the program	's grievance procedure?
Their response? (Atta	ach additional pages if necessary)		
Have you reported the	is incident to any other agency?	Yes	No Date
Agency:	Contact:		Phone
Complaint From:			
Name			
Address			
City, State, Zip		_	
Daytime Phone			
Other Means of			
What would you like	to see happen as a result of this co.	mplaint?	
What would you like	to see happen as a result of this co	mpianit:	
thereof. I hereby cer correct to the best of	•	information provided	d on this document is true and
form to the individu	Board of Examiners for Alcohol of all against whom this complaint and other information, including the	is filed, and I give	consent to the release of my
Date	Signatu	re	



Dianne Springborn, President Darlene Dufault, Vice President Steven Burt, Secretary/Treasurer Larry Ashley, Member Jacquelyn Wotherspoon, Member MaryAnn Potter, Member Barbara Hunt, Member

Subscribed and sworn to before me this day of Month/Year Notary Public for the State of
My Commission Expires Signature of Notary Public

Please return this form to:

Agata Gawronski, Executive Director State of Nevada Board of Examiners for Alcohol, Drug and Gambling Counselors 400 W. King Street, Suite 111

Carson City, NV 89703

Website: www.alcohol.state.nv.us E-mail: agawronski@adgc.nv.gov